

**COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION  
BUREAU OF INSURANCE**

**DEMOGRAPHIC INFORMATION  
MULTIPLE EMPLOYER WELFARE ARRANGEMENT ("MEWA")  
YEAR BEGINNING JULY 1, 20\_\_**

\_\_\_\_\_  
MEWA Identification Number (Assigned By Bureau)

\_\_\_\_\_  
Full and Exact Name of MEWA

MEWA CONTACT INFORMATION

MEWA Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MEWA Contact Telephone Number:

\_\_\_\_\_

MEWA Contact Name:

\_\_\_\_\_

Email Address:

\_\_\_\_\_

THIRD PARTY ADMINISTRATOR (TPA) INFORMATION

TPA Name:

\_\_\_\_\_

TPA Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TPA Contact Telephone Number:

\_\_\_\_\_

TPA Contact Name:

\_\_\_\_\_

REGULATORY CONTACT INFORMATION

Regulatory Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Regulatory Contact Telephone Number:

\_\_\_\_\_

Regulatory Contact Name:

\_\_\_\_\_

INSURANCE CONTACT INFORMATION

Insurer Name and NAIC Number:

\_\_\_\_\_

Insurer Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Insurer Contact Telephone Number:

\_\_\_\_\_

Insurer Contact Name:

\_\_\_\_\_